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Complete if Known Substitute for form 1449/PTO 10/591,094-Conf. #7843 Application Number INFORMATION DISCLOSURE August 29, 2007 Filing Date STATEMENT BY APPLICANT First Named Inventor Shu Kobayashi N/A Art Unit (Use as many sheets as necessary) Examiner Name Not Yet Assigned 2 Sheet Attorney Docket Number 65952(71526)

	U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number  Number-Kind Code <sup>2 ( if known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	

		FORE	GN PATENT	DOCUMENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
	BA	GB-1 493 237 A	11-30-1977	Henning Berlin GmbH		
	BB	CA-2 456 172 A1	04-03-2003	Human Cell Systems Inc.		

Examiner	Date	
Signature	Considered	

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